DESITAVOILLUIS CODY													
PATENT APPLICATION DETERMINATION RECO							חמו	Application or Docket Number					
	FAICHT	Effect	09/9/4280										
		ÇLAIMS A	S FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE O			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED I		NUME	ER EXTRA	j :	BASIC FE		OR	BASIC FEE	800	
TOTAL CHARGEABLE CLAIMS			25 minus 20= •		. &	$\hat{\mathcal{L}}$	Ì	X\$ 9=		OR	X\$18=	9	
INDEPENDENT CLAIMS			% minus:3 = *		. 7	> ·		X40=	 -	OR	X80=	LICE	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+135=	1	1	+270=	700	
:11	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2		TOTAL	 	OR		130	
1)	$N_{10}/\sim c$	L PA PMIA I	MENDED - PART II					IOIAL	<u> </u>	OR	TOTAL	1,00	
12/9/05 (Column 1)			(Column 2)			(Column 3))	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9	Minus	2	5	=		X\$ 9=		OR.	X\$18=		
	Independent	. 3	Minus	•••	8	= /		X40=	1	OR	X80=	1	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM	<u>/</u>	J	405	/		070	/i-	
								+135=	<u> </u>	OR	+270=		
								TOTAL ADDIT. FEE	<u> </u>	OR,	TOTAL ADDIT. FEE		
	TOTAL CONTRACTOR	(Column 1)	S. Company	(Colur		(Column 3)	1 .	•	<i></i>				
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus	***	CLAINA	= .		X40=		OR	X80=	. (
		MIXION OF INC	CHIPLE DEP	·	CLAIM		<u>ן</u>	+135=		OR	+270=		
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
	VIII 73 17 THE RESERVE NAME OF THE PARTY OF	(Column 1)	SENTIN	(Colun		(Column 3)	1-						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	· ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	 -	X40=		ı	X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		I ├		<u>_</u>	OR			
٠,	the entry in colur	nn 1 is less than th	a antry in colu	nn 2 write	"O" in col	ımn 3	L	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
Ì	The "Highest Num	ber Previously Paid	For (Total or	Independe	int) is the	highest numbe	r foun	d in the app	ropriate box	in colu	ımn 1,	į	